

Era S. Brooks

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Michaels</u> Town <u>Talbot</u> County		MARYLAND		
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>7</u>	Age <u>17</u>	Years <u>31</u> Months <u>31</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>St. Michael</u>		
Occupation <u>girl</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name <u>Horace Brooks</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Frances Jones</u>	Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Horace Brooks</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

about 4 months

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

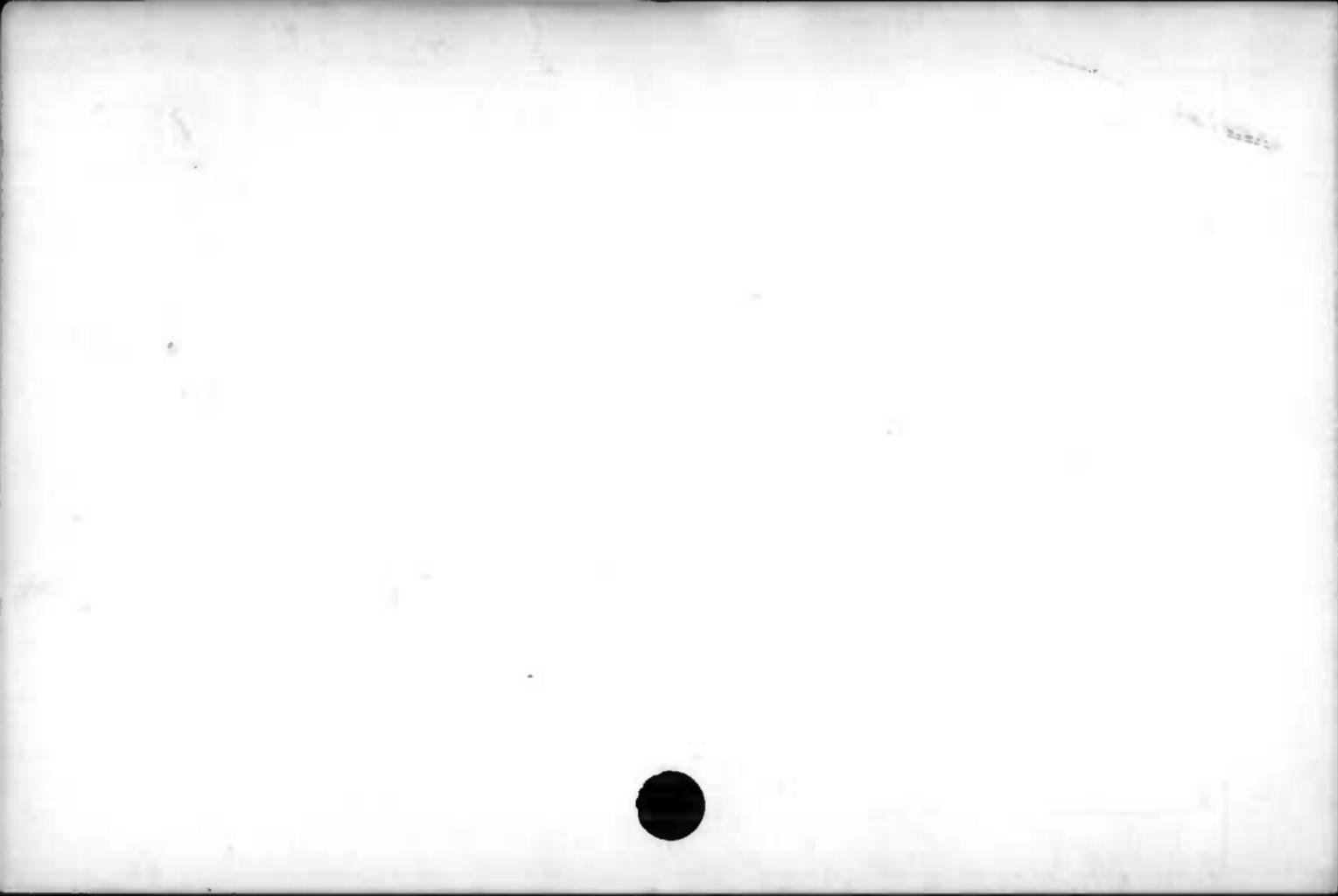
Address

Dr. J. B. Sub.

St. Michaels,
Maryland

Accident or Suicide?

No -



Name
in
Full

Rosie V. Brown

CERTIFICATE OF DEATH

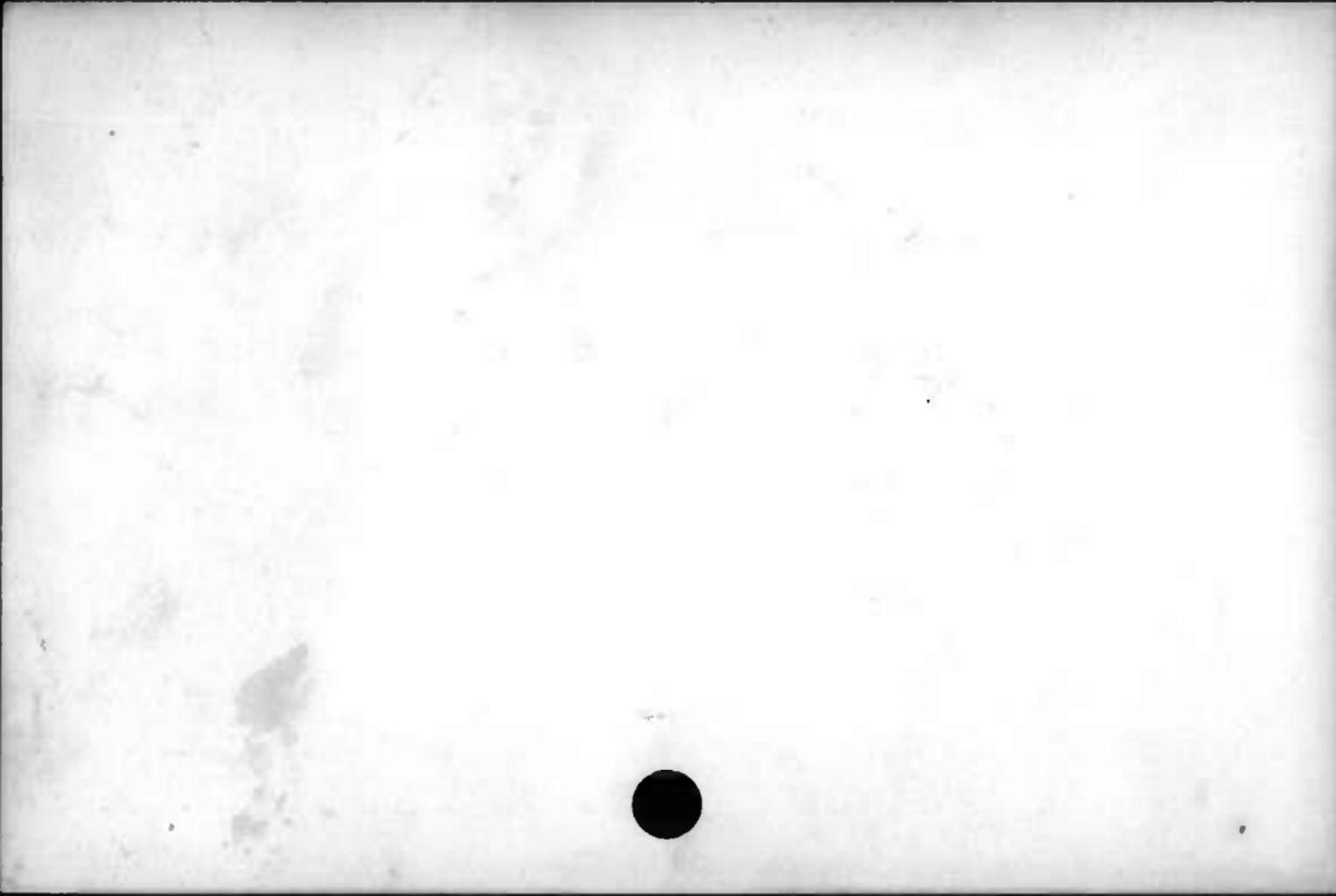
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Married, Single or Widowed	Occupation		Name of Wife or Husband			
Father's Name	Phillip Southern		Father's Birthplace			
Mother's Maiden Name	Lue B. Brown		Mother's Birthplace			
Name of person giving information	Lue B. Brown		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long
Immediate	Exhaustion, heart failure		How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician
Yes			Address
Accident or Suicide?			J. C. H. Davis St. Michaels



Leona Virginia Price Ewing

Town

County

Trappe

Talbot

MARYLAND

Died at

Trappe

Y.

M.

D.

Native of

Date 19 5

Month

Day

Age

— 3-16

nd

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Robert Ewing

Mother's Maiden Name

Julia Spencer

Cause of Death

Primary

Simple Atrophy

How long sick

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wm S. Seymour

Address

Trappe

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Chas. Howard Gates

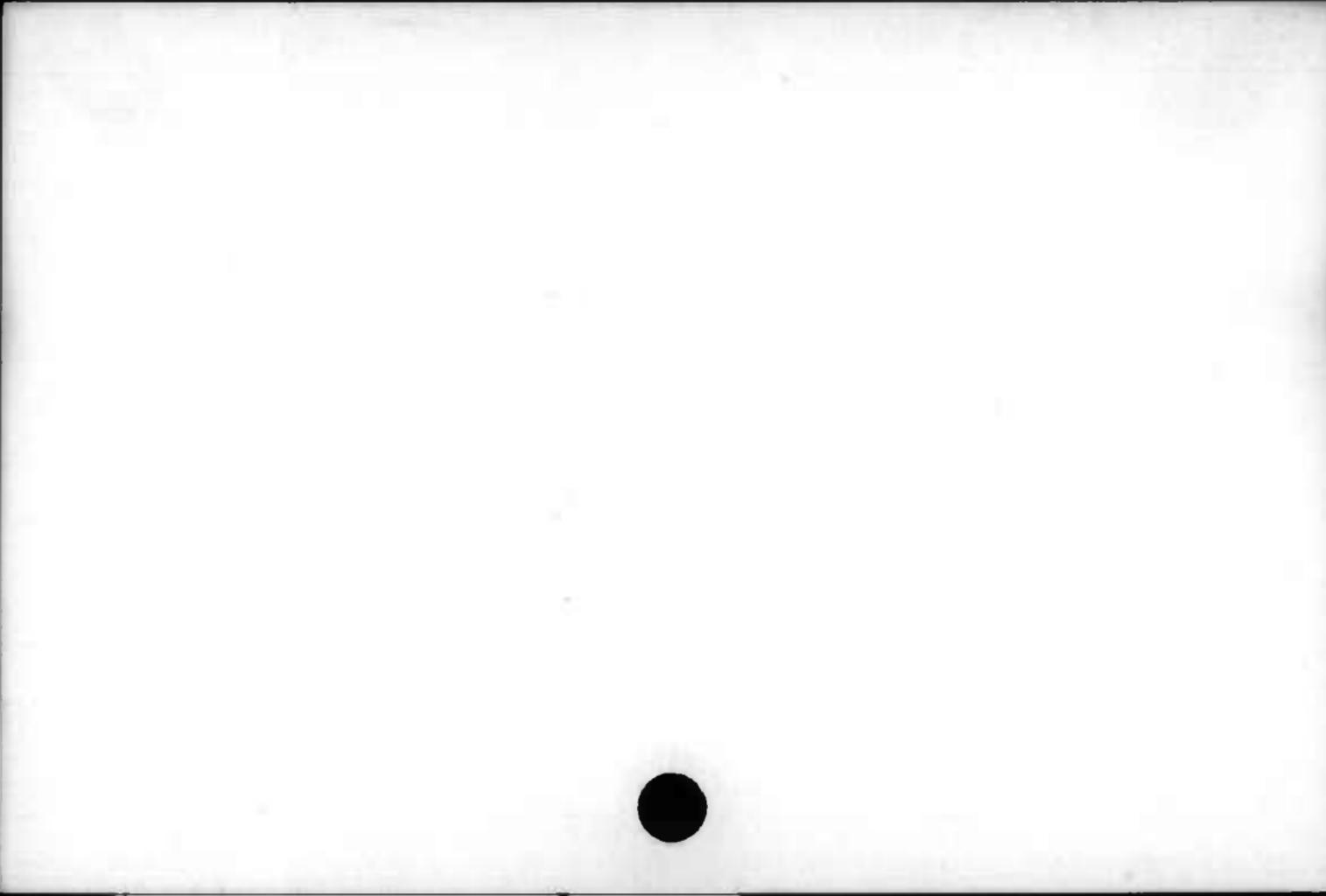
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
190	Sept	27	Age
Sex	Male	Color or Race	Black
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	John Gates	
Father's Name	John Gates		
Mother's Maiden Name	Mary Murray 105		
Name of person giving information	Mary Murray		
CAUSES OF DEATH			
Primary	Enteritis		How long 1 week
Immediate			How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Signature: Dr. Bennett Address: Easton		
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190	5	Month Sept	Day 28	Years 73	Months	Days
Sex	Male	Color or Race	Black	Occupation	Birth-place Montgomery Co Md	
Married, Single or Widowed	Married Amanda Gibson			Labores	Father's Name	Father's Birthplace
Name of Wife or Husband					Mother's Name	Mother's Birthplace
Father's Name					How related to deceased	Son
Mother's Maiden Name						
Name of person giving Information	George Gibson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phtisis

How long

One year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

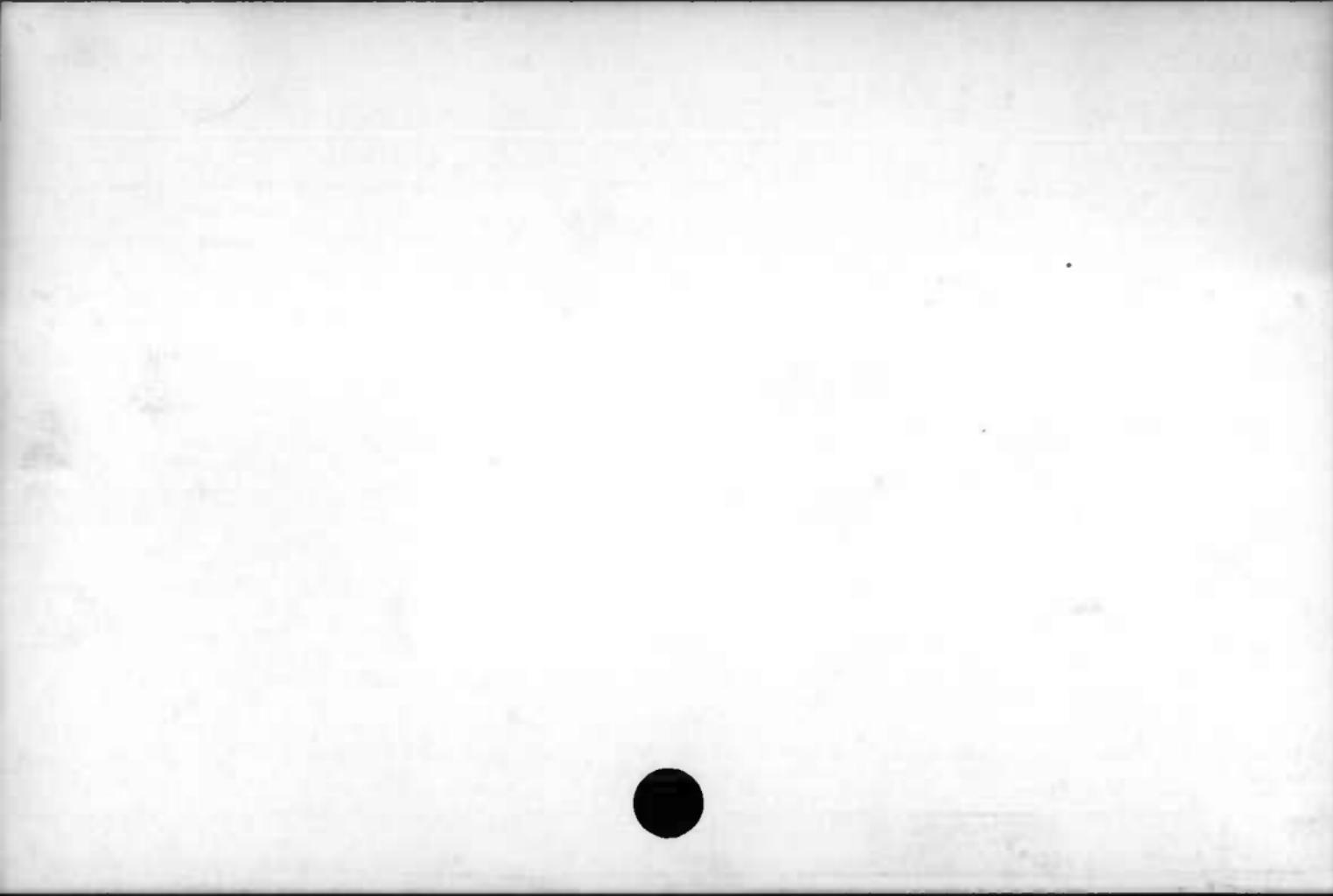
J. A. Stevens

Oxford

Md.

• Accident or Suicide?

No



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John T. Godwin				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	1903	Month Sept	Day 15 th	Age 73	Years	Months	Days
Sex	Male	Color or Race	White	Dunham C. W.			
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband	Julia A. Masith				
Father's Name	Also not known			40	Father's Birthplace		
Mother's Maiden Name	" " "			Mother's Birthplace			
Name of person giving information	Daniel E. Higgins			How related to deceased			
Son in law							

CAUSES OF DEATH

Primary

Cancer of Stomach

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

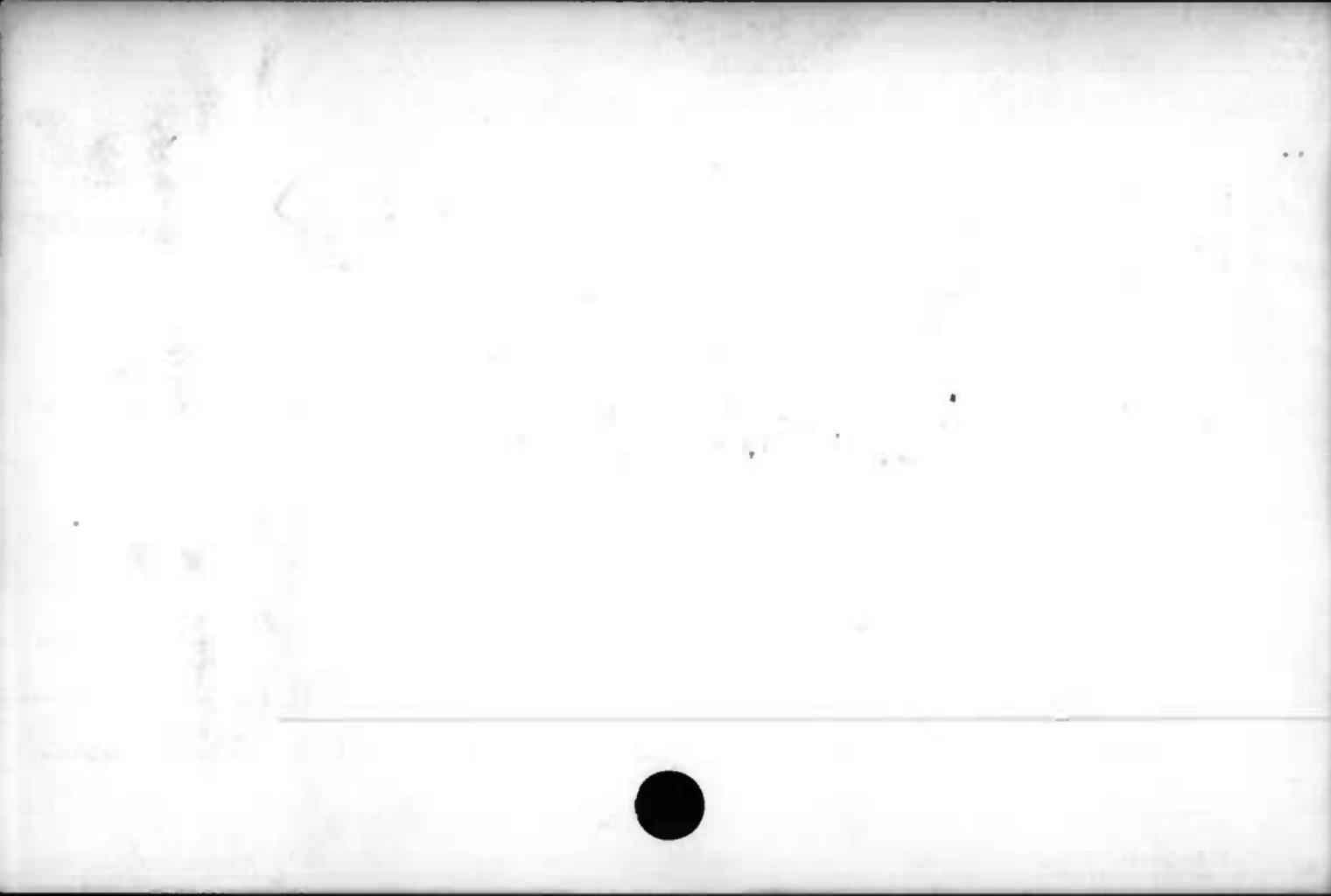
Yes

Signature of Physician

Address

Dr. J. B. Silt
Michael
Md.

Accident or Suicide?



Name
in
Full

Rovena Auld Harper

CERTIFICATE OF DEATH

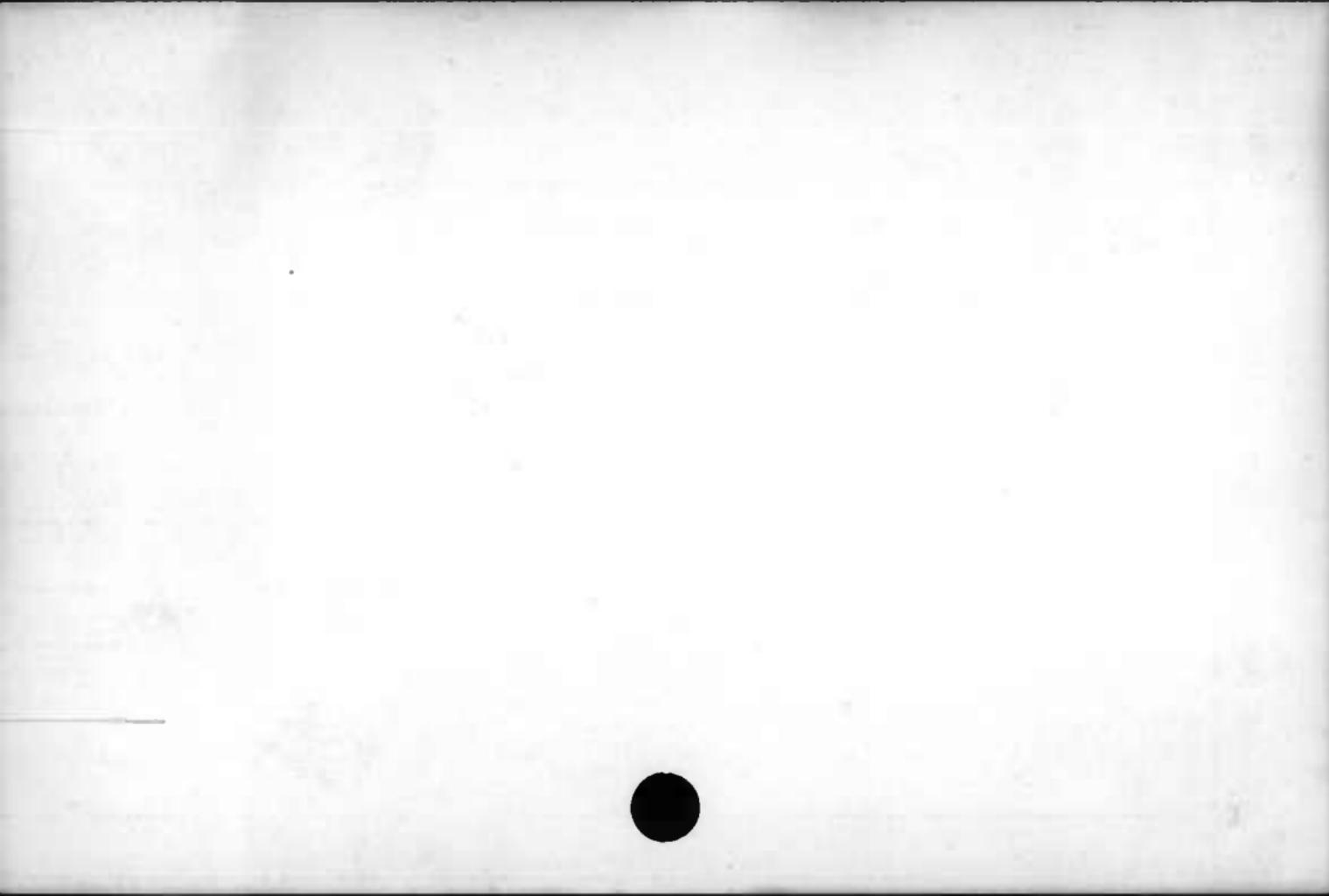
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Michaels</u>		Town <u>Salisbury</u> County		MARYLAND			
Date of death 1903	Month 9	Day 21	Years —	Months 3	Days —		
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>St. Michaels Md</u>			
Married, Single or Widowed <u>Single</u>			Occupation <u>none</u>				
Name of Wife or Husband <u>—</u>							
Father's Name <u>C. Harper</u>				Father's Birthplace <u>St. Michaels Md</u>			
Mother's Maiden Name <u>A. Ellis Crouse</u>				Mother's Birthplace <u>Pennsylvania</u>			
Name of person giving information <u>C. Harper</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute inteposition, diarrhoea</u>		How long <u>2 weeks</u>
Immediate	<u>Collapse & convulsions</u>		How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>A. Blascock</u>	
		Address <u>St. Michaels Md</u>	
Accident or Suicide?			



James Elsberg Kirby

Died at St. Michaels Town Talbot County MARYLAND

Date 1903	Month Sept. 20	Day	Y. M. D.	Native of Maryland	Occupation Ship carpenter
Male	White	Age 37.6.	Widow	Divorced	
Female	Colored	Married	Sing ^s	Widower	Number of children living 5

Husband of Mrs. Emma Jane Barker
W. W. Nickl^s. Kirby Father's Name Mother's Mahalia Bryan
Maiden Name

Cause of Death Primary Organic, Valvular Heart, about 2 yrs. aorta How long sick

Immediate Intensefied Heart trouble Age Accident, Suicide, Homicide

Reported by R. A. Woodsen

Address St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William A. Lambdin

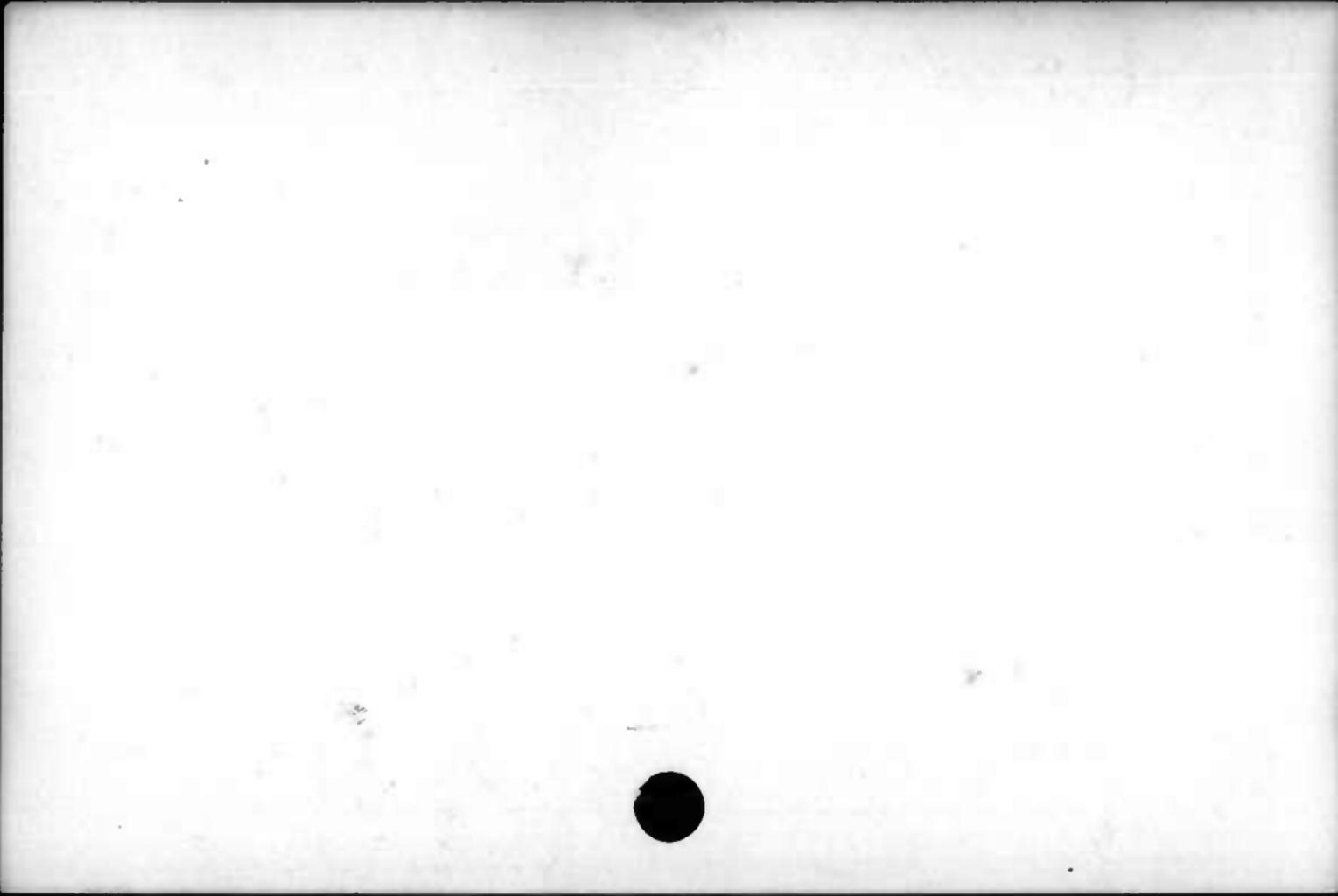
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Michaels		Town	County Talbot	MARYLAND	
Date of death 1903	Month Sept	Day 21	Age 67	Months	Days 24
Sex Male	Color or Race White	Birth-place Baltimore			
Married, Single or Widowed Single	Occupation Ship builder				
Name of Wife or Husband					
Father's Name Robert Lambdin	Father's Birthplace Talbot Md				
Mother's Maiden Name Mary A. Goodhand	Mother's Birthplace Baltimore				
Name of person giving information R. D. Lambdin	How related to deceased Brother				

CAUSES OF DEATH

Physician or Coroner	Primary Cancer	How long 15 months
	Immediate Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. C. D. Davis
		Address St Michaels
Accident or Suicide? None		



Name
in
Full

Henry Lloyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month September	Day 21	Age 80	Years	Months	Days
Sex Female	Color or Race Black	Occupation Housewife				
Married, Single or Widowed Widowed	Occupation Housewife					
Name of Wife or Husband John. Lloyd						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arthritis (Chronic)

How long

Several years

Immediate

Hemiplegia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

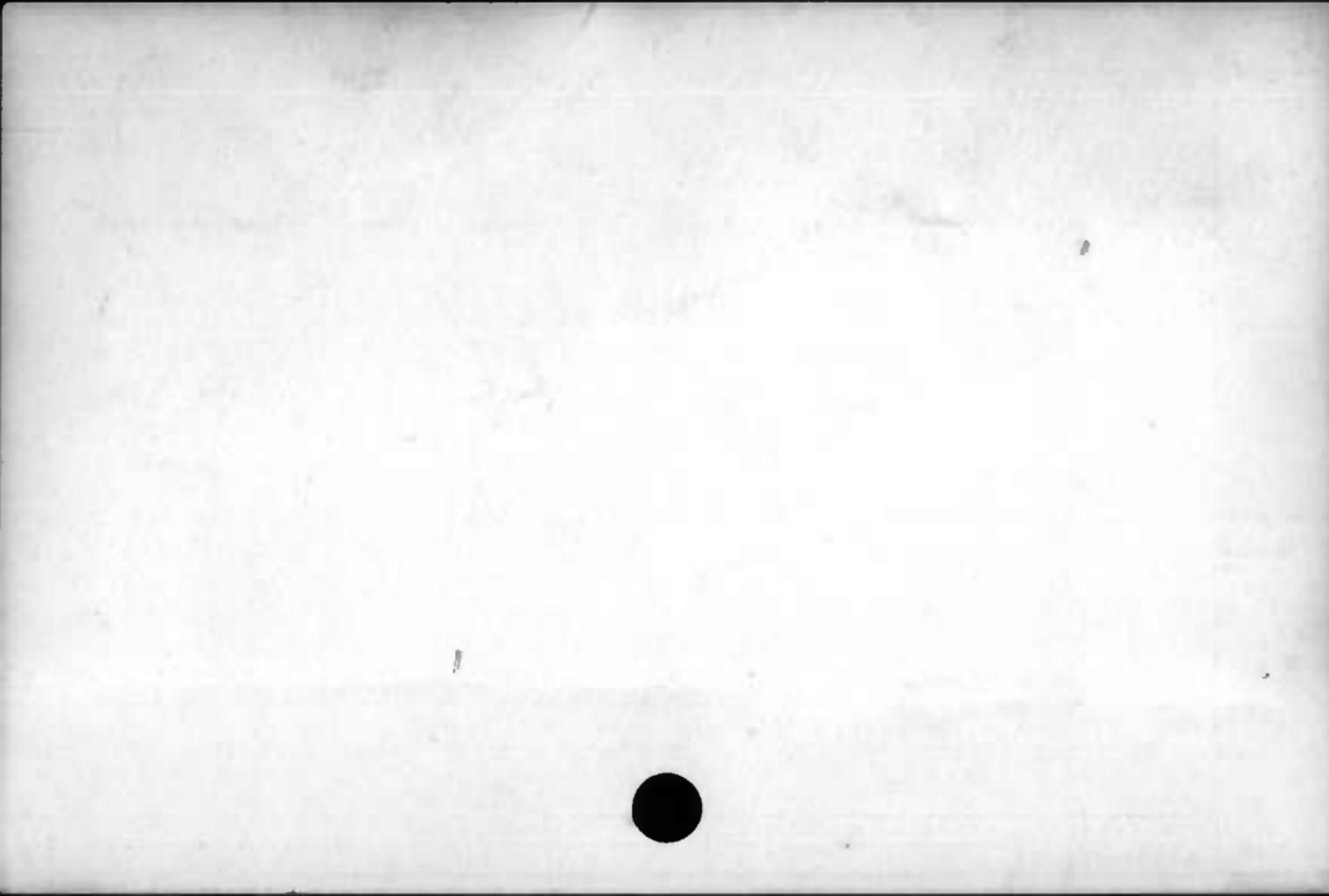
Yes

Signature of Physician

Address

L. M. Stille M.D.
Cordova
Md

Accident or Suicide?



Died at

Tillyman

Town

County

MARYLAND

Date 1903

Month Day

Y. M. D.

Male

Sep 27

42 7 17

Native of

Occupation

Female

White

Age 42
Married

Widow

Divorced

Colored

Single

Widower

Number of children living

6

Husband of

Father's Name

Cause of

Death

Reported by

Address

Wm Joseph Loarney

Wm J. Loarney dead

Mother's
 Maiden Name

Mary Loarney

Epithelioma of Lip.

Asthenia

How long sick

20 mos

Accident, Suicide, Homicide

Dr. S. R. Wilson

Tillyman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lottie Miller

Died at		Town	County	MARYLAND
Easton		Zalbot		
Date	Month	Day	Y. M. D.	Native of
1903	Sept	3	44-	Md
Female	White	Colored	Married	Occupation
			Single	
			Widow	Divorced
			Widower	Number of children living
Husband of	Charles Miller 4			
Wife				
Father's Name	Edward Emalls		Mother's Maiden Name	Matilda Nichols
Cause of Death	Primary	Congestion of brain	How long sick	
	Immediate	Exhaustion	one day	
Reported by	E. R. Trikke			
Address	Easton			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md



Levin F. Morris.

Town

Died at New Trapp

County

Talbot

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

9 26

Age 67
Married6 24
Widow

Md.

Real Est. Agent.

Female

White

Single

Widower

Divorced

Number of children living 2

Husband of

Elizabeth A. Morris

Wife

Father's

Name

James Morris

Mother's Sallie Disharoon

Maiden Name

Cause of

Primary

Chronic Diarrhea

How long sick

Death

Immediate

Exhaustion

2 years.

Accident, Suicide, Homicide

Reported by

James S. Chapman, M.D.

Address

Trapp, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Lavin Harrison North

Town

County

Tilly human

Talbot

MARYLAND

Died at

Date 19

1903
Male

Month

Day

Y.

M.

D.

Age 56

10 2

Native of

Md

Occupation

Merchant-

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

10

Husband of

Father's

Name

Cause of

Death

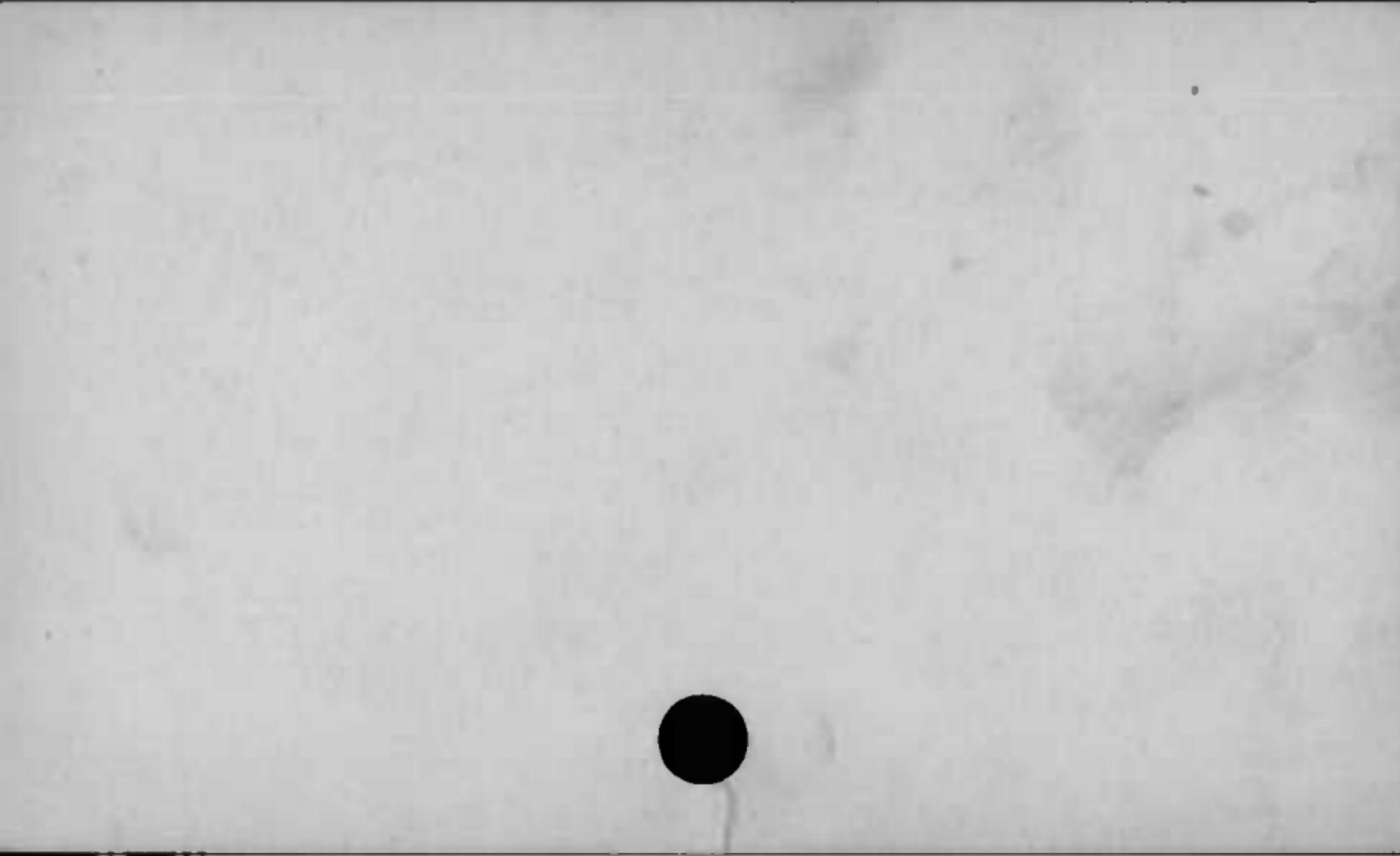
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Dr. S. E. Wilson
Tilly human
Md



Name
in
Full

Infant.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month sept	Day wed	Age	Years	Months	Days	
Sex Girl	Color or Race	white		Birth-place	Royal Oak		
Married, Single or Widowed	Occupation						
Name of Wife or Husband	Marie Pollard		Father's Birthplace	Talbot			
Father's Name	John Pollard		Mother's Birthplace	Talbot			
Mother's Maiden Name	Maggie Murphy		How related to deceased	father			
Name of person giving Information	John Pollard						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Spasms

2 days

Are the name, age, sex, color, date and place correctly given above?

undertaker
Signature of Physician

Address

yes

L. W. Kilmer
Royal Oak

Accident or Suicide?



Name
in
Full

Minnie Richards.

CERTIFICATE OF DEATH

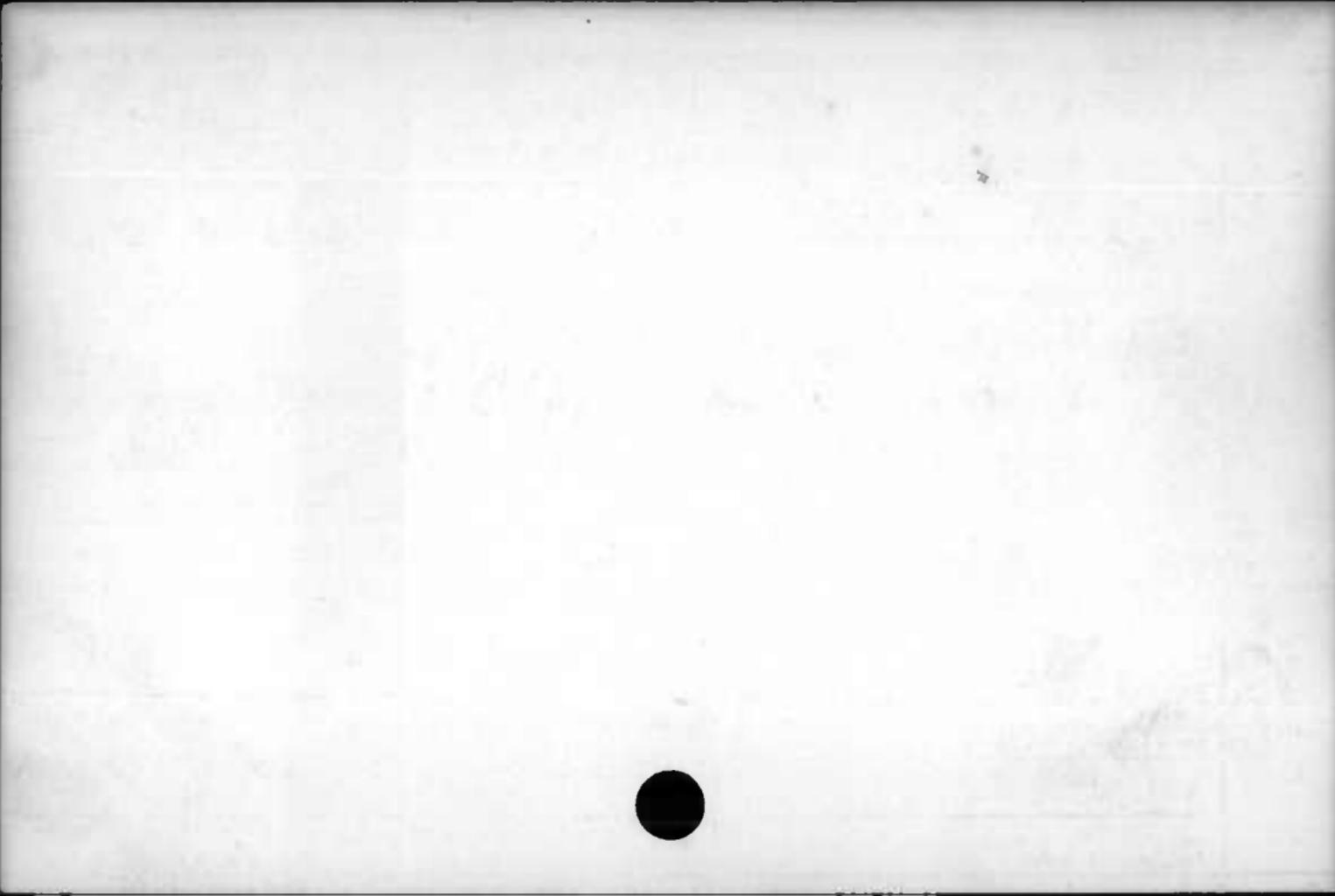
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month September	Day 6 th	Years 1	Months 0	Days 0	
Sex Girl	Color or Race	White		Birth-place Matthews		
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	Charles. Richards		D. J.		Father's Birthplace Baltimore Md	
Mother's Maiden Name	Leula Duvall				Mother's Birthplace Matthews	
Name of person giving information	Wm. Duvall				How related to deceased Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	3 days -
Immediate	—		How long	
Are the name, age, sex, color, date and place correctly given above?	yes -	Signature of Physician	G. M. (Gelle M.D.)	
		Address	Cordova - Md -	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Insley Roberts

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Oxford	Talbot				
Date of death 1903	Sept.	7	Age	two	Months	Days
Sex	Male	Color or Race	White	Birth-place	Oxford Md.	
Married, Single or Widowed	Single	Occupation	None			
Name of Wife or Husband						
Father's Name	Lee J. Roberts			Father's Birthplace	Wicomico Co	
Mother's Maiden Name	Sola Insley			Mother's Birthplace	Northumberland Co	
Name of person giving information	—			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Otitis media* How long

Immediate *Meningitis* How long *six days*

Are the name, age, sex, color, date and place correctly given above?

yes Signature of Physician

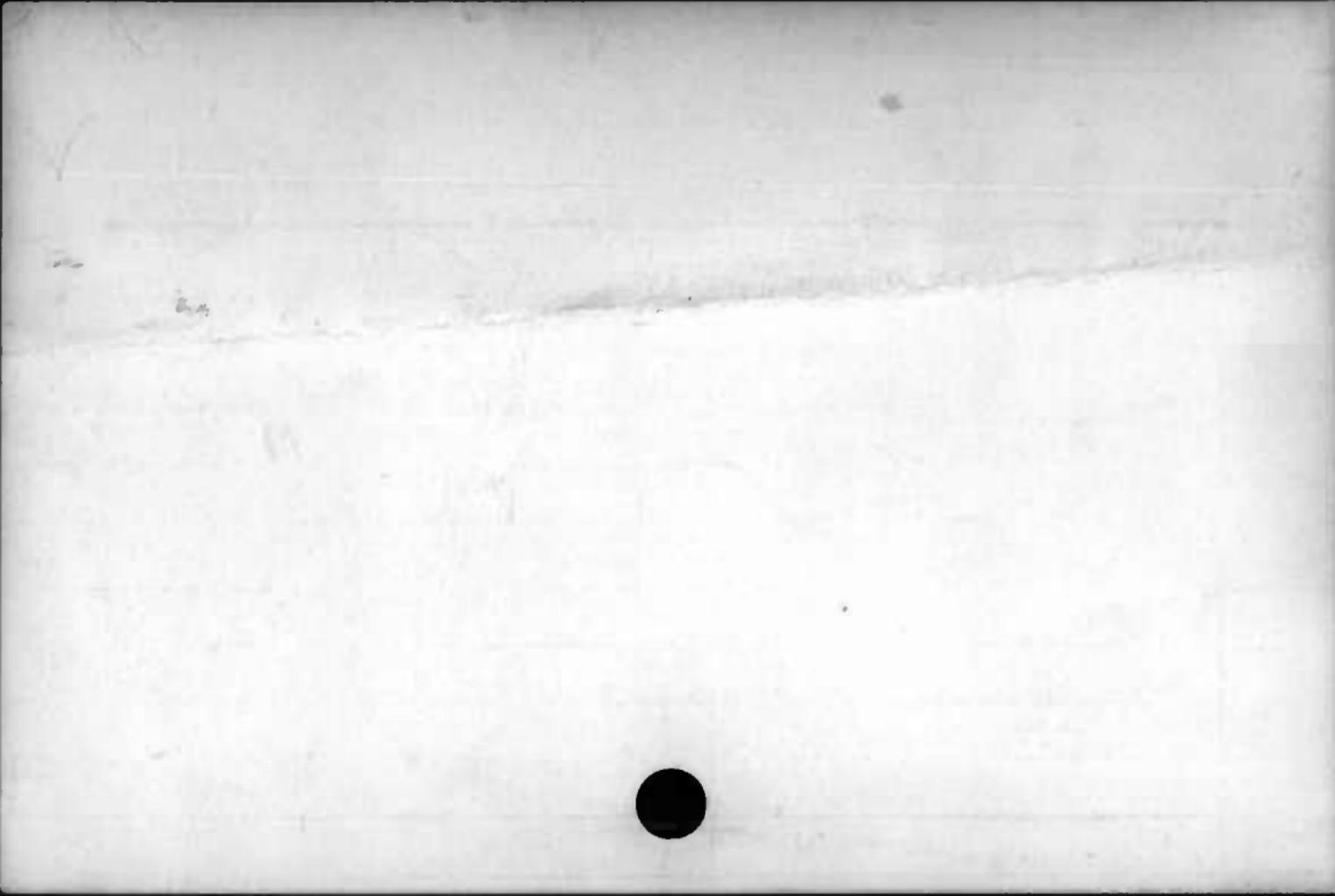
Address

J. A. Stevens
Oxford

Accident or Suicide?

No

Mil.



Elizabeth Staunton

Town

County

MARYLAND

Died at

Towpke

Talbot

Date 1903

Month Day

Y.

M.

D.

Native of

Occupation

Sep. 8

Age 45 - -

3rd

4. wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Robt. Staunton

Wife

Father's

Name

Arthur Giles

Mother's

Mary Bantam

Cause of

Primary

Chronic Bright's

How long sick

Death

Immediate

Exhaustion

2 1/2 yrs.

Accident, Suicide, Homicide

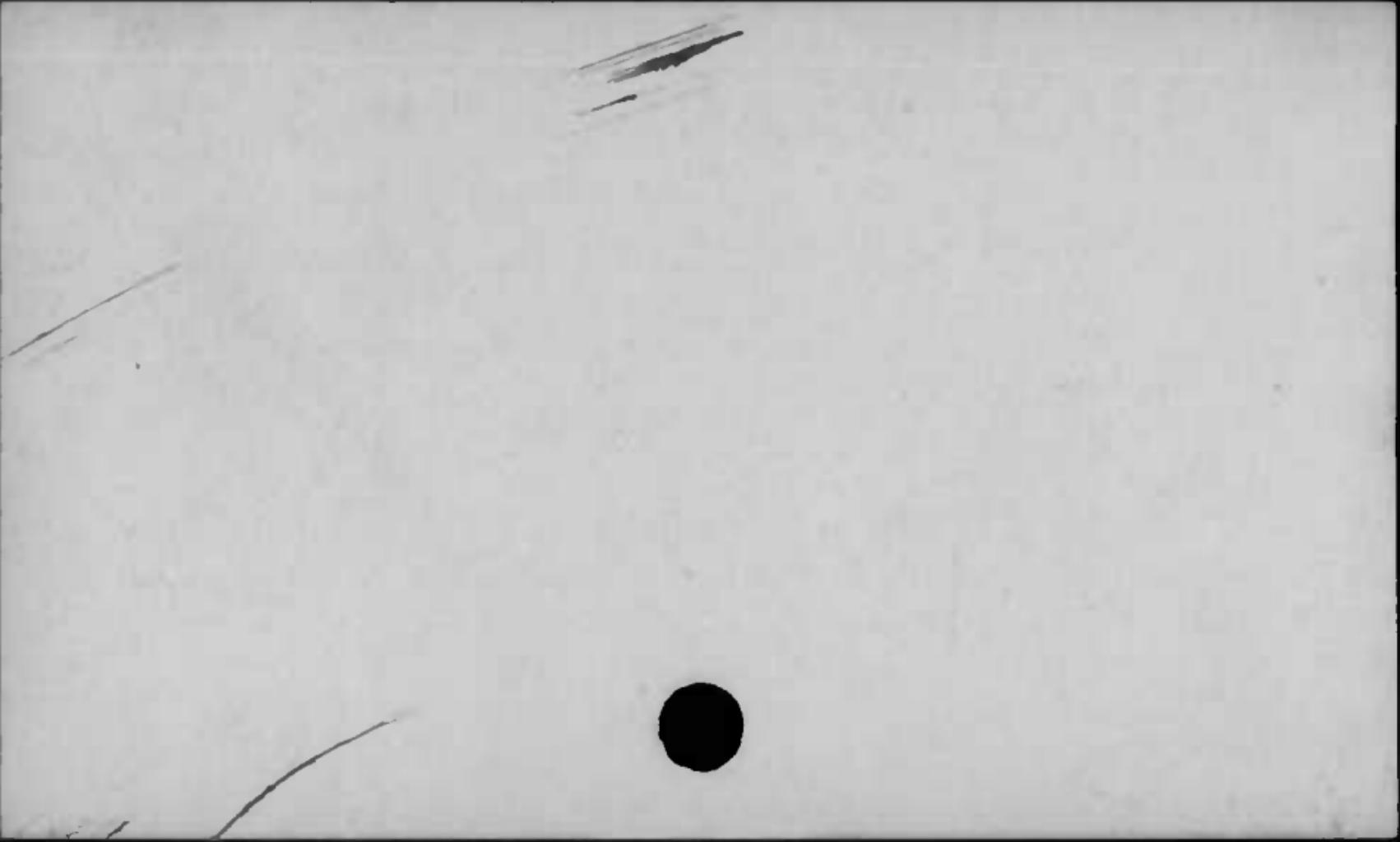
Reported by

Wm S. Seymour

Address

Towpke [redacted] 3rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Ann Thompson

Town

Easton

County

Falbot

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Data 1903, Sept. 18

Age 81.

1. 19

19

Dorchester

Dorchester

Male

White

Married

Widow

Dorchester

Female

Colored

Single

Widower

Dorchester

Divorced

Number of children living

None

Husband

of

Walter Garrison

Susan Ann

Wife

Father's

Name

David Mills

Maiden Name

Mother's

Sarah Moor

Cause of

Primary

General Debility

How long sick

2 mos.

Death

Immidiate

Paralysis Heart.

Accident, Suicide, Homicide

Reported by

J. Garrison MD

Easton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Ce^tificate of Death

Mary Ann Tidghman

Town

County

Talbot -

MARYLAND

Died at

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

James William

Wife

Father's

Name

George Tidghman

Mother's

Maiden Name

Elizabeth

Cause of

Primary

Chronic Interstitial Nephritis

How long sick

8 mo

Death

Immediate

Cardiac Asthenia

Accident, Suicide, Homicide

Reported by

Dr. P. L. Graves.

Easton, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Margaret Mayman

CERTIFICATE OF DEATH

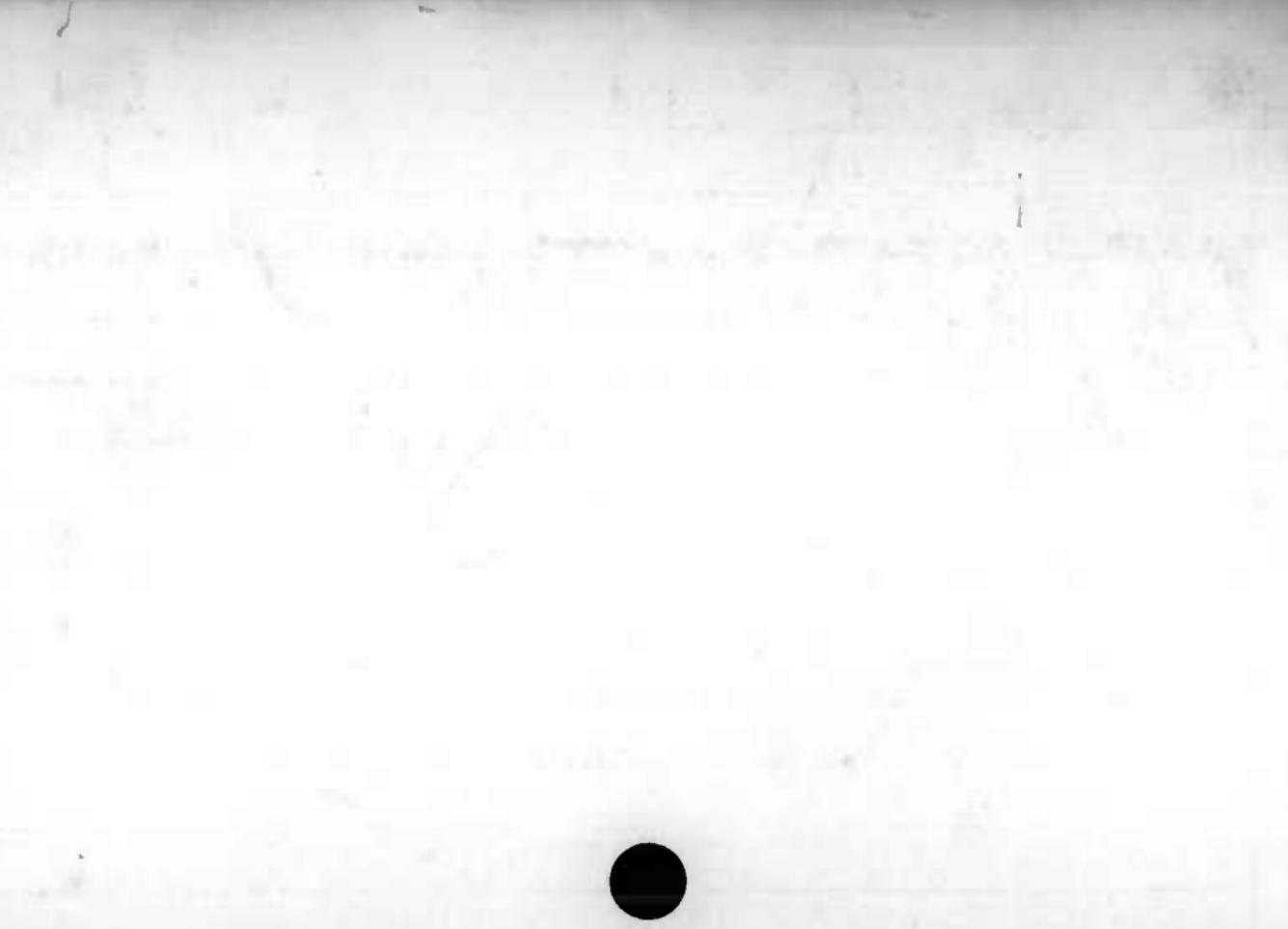
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 9	Day 20	Age 35	Years	Months	Days
Sex Female.	Color or Race	Occupation		Birth-place		
Married, Single or Widowed	Widowed	Housework		McDaniel Md		
Name of Wife or Husband	Thos Mayman					
Father's Name	John McDaniel			Father's Birthplace	McDaniel Md	
Mother's Maiden Name	Sydia Wrightson			Mother's Birthplace	McDaniel Md	
Name of person giving Information	Mo. C. McDaniel			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Gastric Catarrh		How long	3 four weeks
Immediate	Asthertia		How long	7 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. Blalock	
		Address	St. Michaels Md	
Accident or Suicide?				





Name
in
Full

Elizabeth Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Centreville

Town

Tonawanda

County

MARYLAND

Date
of death

1903

Month

Sept

Day

14

Age

Years

43

Months

Days

Color or
Race

Blacks

Birth-
place

MD

Sex

Female

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name or Wife or
Husband

Samuel Williams & Josephine Bradford

Father's
Name

John Rivers

Father's
Birthplace

MD

Mother's
Maiden Name

Leah Bosley

Mother's
Birthplace

MD

Name of person giving
Information

Judith Bradford

How related
to deceased

Say

CAUSES OF DEATH

Primary

Suicide

How long

3 weeks

Immediate

Paralysis

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

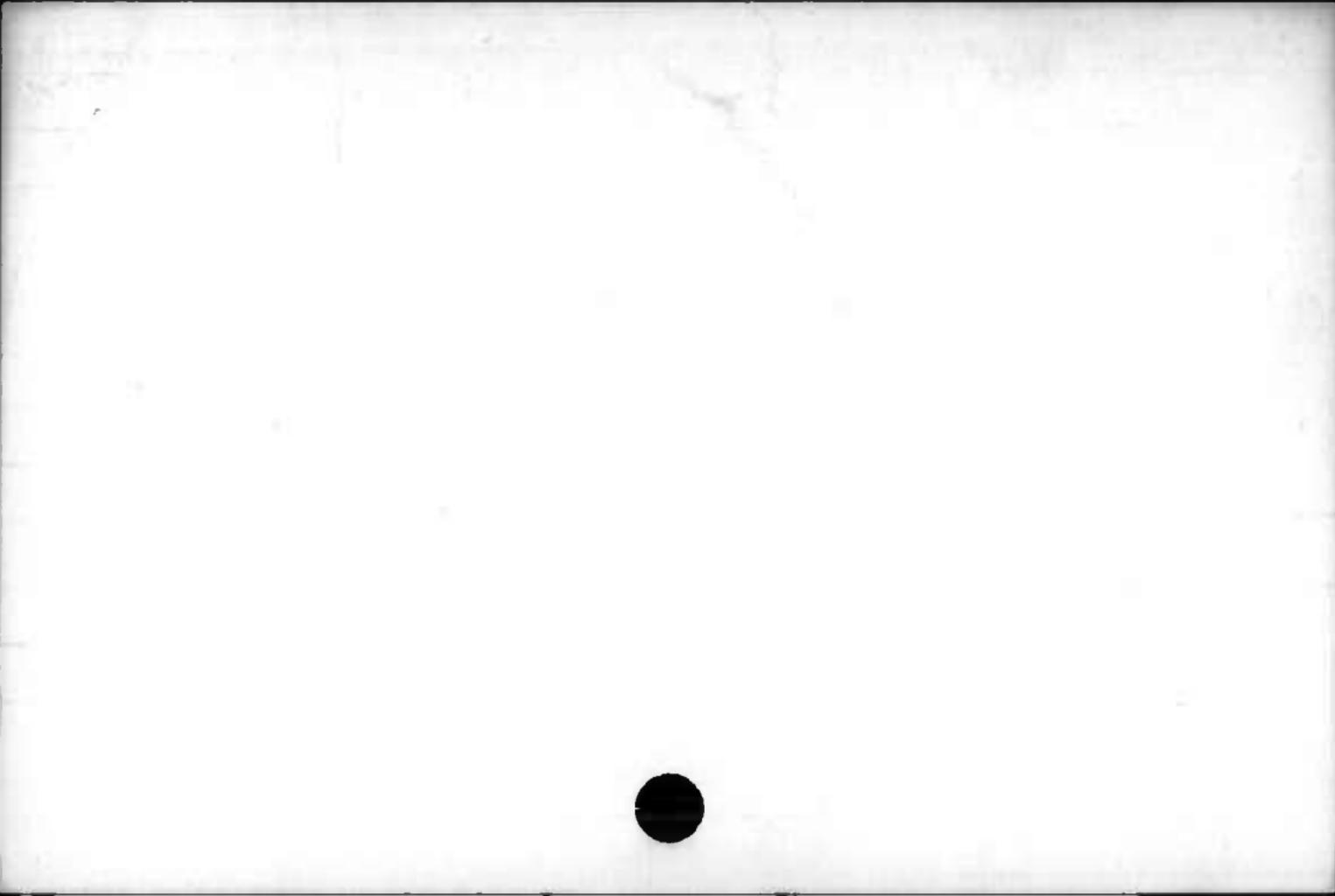
Address



Jessie Bennett

Easton

Accident or Suicide?



Name
in
Full

Wettie Wilway

CERTIFICATE OF DEATH

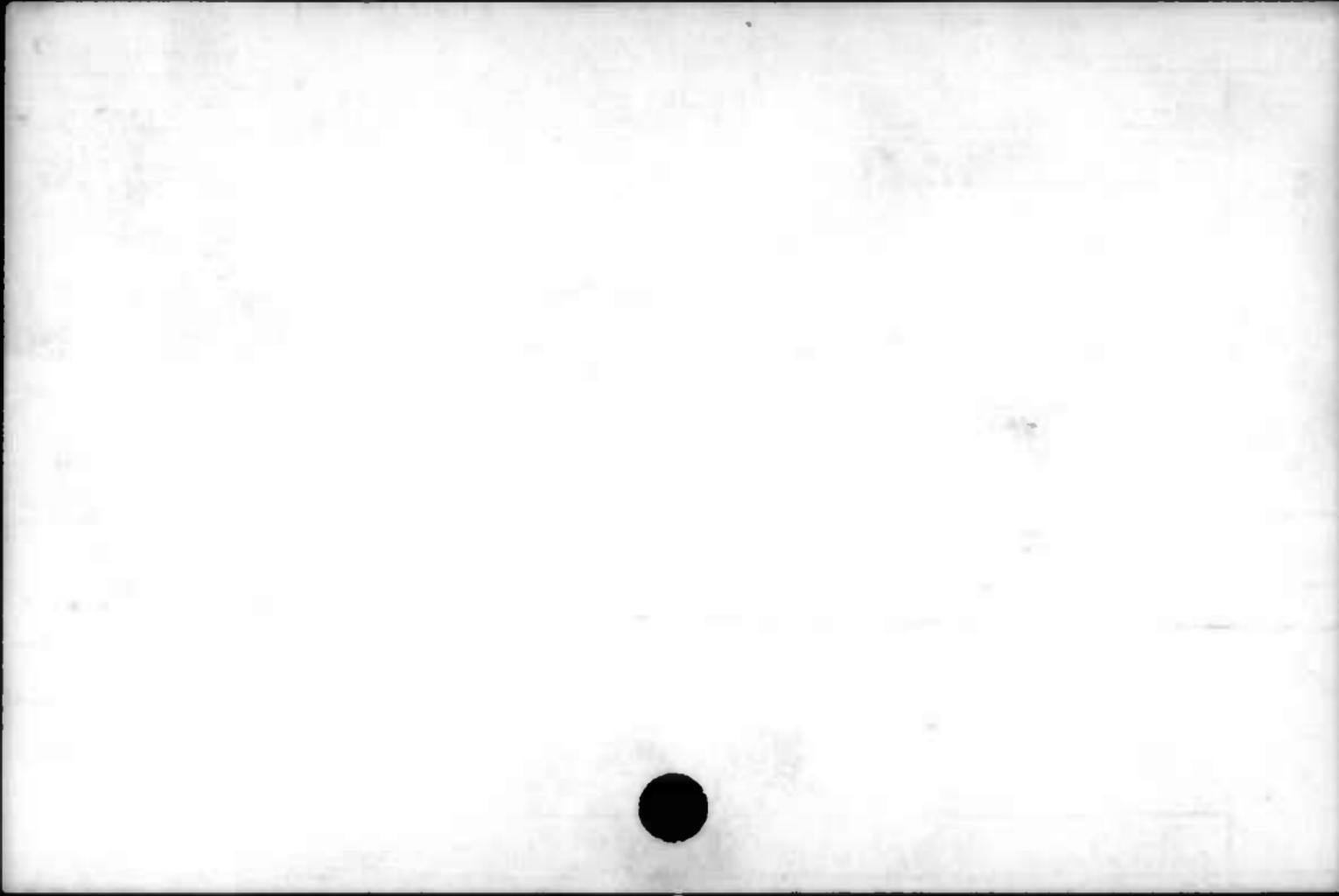
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	1903	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	Black	Birth-place				
Occupation	Ches	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		V.S.					
Father's Name	Walter Wilway		Father's Birthplace					
Mother's Maiden Name	Mary Wilway		Mother's Birthplace					
Name of person giving Information	Walter Wilway		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Centen -ality	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Merritt
		Address	East Bay St Annapolis Md
Accident or Suicide?			



Ethel Averia Young

Town
Easton

County

Zalmon -

MARYLAND

Died at

Date 1903

Month Day

Y. M. D.

Native of

Occupation

9. 4th

51

Md

—

White

Widow

Divorced

Female

School

Single

Widower

Number of children living

Husband of

Wife

Father's

Name Chas. J. Young

Mother's
Maiden Name

Vivian Osgood

Cause of

Primary

Renal-Gastric Colitis

How long sick

2 weeks

Death

Immediate

Epipharynx

Accident, Suicide, Homicide

Reported by

Julius A. Johnson

Easton Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

